

SCHOOL NAME OR NUMBER

EMPLOYEE ID NUMBER

WOOD COUNTY SCHOOLS  
OUT OF COUNTY TRAVEL EXPENSE ACCOUNT

**NOTE:** To insure prompt payment of this request, please include your school name or number and your Employee ID number in the spaces provided in the top corners of this form.

Name

Title

Mailing Address:

Street

City  State  Zip

Purpose of Travel:

NOTE: Travel date(s) must be from 7/1/2011 - 12/31/12.

DATE	DESTINATION	MILEAGE (whole number)	MILEAGE X 55.5¢/mile	LODGING	MEALS	REGISTRA- TION FEES	*OTHER EXPENSES	TOTALS
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	<b>TOTALS</b>							

**STATE OF WEST VIRGINIA, COUNTY OF Wood:** I, the undersigned, do solemnly swear that the above expense account is just, accurate and true, and is claimed for cash expended for the purpose named in this statement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Payment Approved  
Administrator/Supervisor Signature

Budget No. \_\_\_\_\_

\*Attach an explanation on separate sheet.  
Attach receipts for (1) turnpike and bridge tolls, (2) parking, (3) air transportation, (4) lodging, (5) meals, (6) registration fees

Effective: July 1, 1980 Updated: July 29, 1986  
Revised: July 1, 2011

**REMINDER – AN APPROVED TRAVEL REQUEST FORM MUST BE ATTACHED TO THIS REIMBURSEMENT FORM.**